

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90101 019 ***150.00

DOCUMENT # P96000091042

1. Entity Name

ACCOUNTING MANAGEMENT ADVISORS, INC.

Principal Place of Business

Mailing Address

**320 N DIXIE HWY
LAKE WORTH FL 33460**

**320 N DIXIE HWY
LAKE WORTH FL 33461 4725**

00006982



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4175 S. Congress Ave.

3. Mailing Address

4175 S. Congress Ave.

Suite, Apt. #, etc.

Suite J

Suite, Apt. #, etc.

Suite J

City & State

Lake Worth, FL

City & State

Lake Worth FL

4. FEI Number

65-0703616

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THIBAUT, JOAN L
320 N DIXIE HWY
LAKE WORTH FL 33460**

**4175 South Congress Ave
Suite J
Lake Worth FL
33461**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Joan L. Thibault

Joan L. Thibault

1/14/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	THIBAUT, JOSEPH L	320 N DIXIE HWY	LAKE WORTH FL 33460	<input type="checkbox"/>
STD	THIBAUT, JOAN L.	320 N DIXIE HWY	LAKE WORTH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Joan L. Thibault
Joan L. Thibault

1/14/00 **361-387-8885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)